

NORTHFIELD RECREATION DEPARTMENT
NORTHFIELD, VERMONT 05663

△ NORTHFIELD MEMORIAL PARK △ NORTHFIELD FALLS FIELDS

APPLICATION FOR USE OF THE RECREATION FACILITIES

Name of organization: _____

Person accepting responsibility: _____

Address: _____ Phone #: _____

*Date(s) of event(s): _____

Between hours of _____ and _____

*Please list additional times and dates on back of sheet

Purpose of request: _____

Number of people expected: _____

Name of Insurance Company (if required): _____

Policy Number: _____

Please check the appropriate location/equipment requested:

I understand that I may be billed for additional maintenance time for clean up after use and/or life guard time if needed. I will also take responsibility for repairs and/or replacement of damaged equipment.

_____ Pool	_____ Ball Field – Falls 1(closest to concession stand)
_____ Volleyball field at Falls	_____ Ball Field - Falls 2
_____ Playground at Memorial Park	_____ Ball Field - Memorial Park1 (with scoreboard)
_____ Basketball Court	_____ Ball Field - Memorial Park 2
_____ Skateboard Park	_____ Picnic Tables
_____ Porta-Potty	_____ Grills
_____ Other (list) _____	

Signature of person completing this form: _____

Date application submitted: _____

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___ *Maintenance person required	___ *Lifeguard needed ___ How many? (1 to 10 ratio)
___ Police officer required (fee per PD)	___ Certificate of insurance
___ Billing	

*There will be overtime charges for services.

Approved by: _____

Recreation Board

I hereby sign a waiver of any liability for the Town of Northfield and its Officers for any injury or damages suffered by a participant or spectator. The maintenance or other staff will not be responsible for maintaining conditions of walkways or parking lots or other portions of the parks environment before, during or after any activity which is being held beyond the normal work day.

Signature of Responsible Party

Date

Phone Number

MAIL BACK TO: Sally Davidson 20 Lovers Lane Northfield, VT. 05663 earmark:recreation

CANCELLATION NOTICE IS REQUIRED AT LEAST 24 HOURS IN ADVANCE OR PAYMENT WILL NOT BE REFUNDED